

smART ventures Application page 1 of 3

## **How to Submit Your Application**

Please type in minimum 11-point font. Use the space provided – 3 pages total. Submit one signed copy.				
Mail to: Office of Arts & Cultural Affairs, smART venture		attle, WA 98124-4748		
Hand delivery/FedEx/UPS: 700 5th Ave., Suite 1766, S		av aigned nego 2 206 694 7172		
E-mail is fine: steven.larson@seattle.gov. IMPORTAN	1. II e-mailing, also i	ax signed page 3 - 200-004-7172.		
Contact Information				
Applicant Name (individual or organization):				
$oldsymbol{\square}$ Check here if you are applying as the fiscal sponsor, rate	ther than the person or	group who will carry out the project.		
Contact Person:	Title:			
Address:				
City:	State:	Zip:		
Phone (work or daytime): ( )	E-mail:			
Person who will sign application, contract, invoice ("Authorize	d Representative") if diffe	rent from Applicant or Contact person:		
Name: Title/F	Relationship to Project:			
Tax Identification # (organization):	(Individuals will be as	ked for a Social Security # if funded.)		
Have you had a phone consultation with a project manager? ☐ yes ☐ no	Does this project require insurance? ☐ yes ☐ no			
Are you now being funded by another program of the Office of Arts & Cultural Affairs? ☐ yes ☐ no	If yes, what program?			
Project Title:		Amount Requested: \$		
Does this project represent any underserved group(s) or community of interest? ☐ yes ☐ no	If yes, please name:			
Project Start Date:	Project End Date:			
Location:	Ticket Price(s):			
Description of Project Tell us about your project, o	pportunity or event.	List key activities and goals.		

Individual/Organization Name:	
Project Impact – What Will Be Accomplished? Who Will Be Served?  Talk specifically about how your project will fulfill one or more of the following (You do not have to respond to all):  Provide a one-time arts/culture opportunity  Use one-time funds to start or complete a project  Expand participation/audience for arts/culture  Who Will Be Served?  Serve under-represented artists, cultural groups  Build community relations through arts/culture  Meet a community need or goal through arts/culture	
Project Feasibility Tell us why you believe you can complete this project. (May include qualifications, past success, strong partnerships or supporters, taking advantage of an existing event, etc.) List key participants or partners.	
Need for smART venture funds Tell us how you will use these funds. (Note: May not be used for equipment purchases, food and drinks or fund raising.)	

<sup>\*\*</sup>Optional, but Strongly Encouraged – You may attach <u>no more than two</u> (2) pieces of supporting material – such as brochure, newsletter, past review, work sample, support letters – to your completed application.

Individual/Organization Name:	

**Budget – EXPENSES** 

\*Non-Cash or "In-Kind" = expenses you would normally pay cash for, which are being donated.

This can include all or part of staff compensation, ad space, rents, materials, etc.

ITEM (PLEASE GIVE DETAILS – e.g. 3 artists X \$25 per hour)	Cash	Non-Cash*
1. Project Staff/Personnel (Non-Cash includes volunteers contributing time)		
2. Materials/Supplies/Rentals		
3. Publicity/Marketing		
4. Other (such as transportation, license fees, insurance, if needed)		
Sub Totals, Cash & Non-Cash		
TOTAL EXPENSES (Cash + Non-Cash = Total Expenses. Total Expenses must equal Total Income)	\$	

\* Non-Cash or "In-Kind" = any donated portion of expense you would normally pay cash for.
Non-Cash income should equal the amounts shown above under Non-Cash Expenses.

Income Source (list applicable sources)		Cash	Non-Cash*	Confirmed (yes/no)
Ticket Sales (State how e.g. 200 tickets X \$15):	many tickets you expect to sell to raise the income shown -			
Other (explain - concess	ons, ads, t-shirts, CDs)			
Donations from Indivi	duals			
Donations from Busin (list)	esses, Foundations, other Government sources.			
Other (list)				
smART ventures fund	ing request			
	Sub-Totals, Cash & In-Kind			
TOTAL INCOME	(Cash + Non-Cash = Total Income.  Total Income must equal Total Expenses)	\$		_

By signing, I declare that the above information is true and accurate to the best of my knowledge.		
Signature of Applicant or Authorized Representative (This should be the person who will sign contract and invoice on behalf of project.)	Date	